

# THE JOURNAL OF THORACIC AND CARDIOVASCULAR SURGERY

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## Condensed Contents

### Presidential Perspectives

- 1** Historical perspectives of The American Association for Thoracic Surgery: Frank S. Dolley (1884-1961)  
*J. I. Fann*


### Editorial

- 4** Pedicled versus in situ internal thoracic artery: A petition for consistency in communication  
*H. D. Toeg and F. D. Rubens*

### Expert Review

- 6** Current era minimally invasive aortic valve replacement: Techniques and practice  
*S. C. Malaisrie, G. R. Barnhart, R. S. Farivar, J. Mehall, B. Hummel, E. Rodriguez, M. Anderson, C. Lewis, C. Hargrove, G. Ailawadi, S. Goldman, J. Khan, M. Moront, E. Grossi, E. E. Roselli, A. Agnihotri, M. J. Mack, J. M. Smith, V. H. Thourani, F. G. Duhay, M. T. Kocis, and W. H. Ryan*

### Cardiothoracic Surgical Education and Training (EDU)

- 15** The characteristics of good thoracic surgical training  
*J. W. Hammon, F. A. Crawford, and Members of the Senior Tour*
- 18** Simulation in cardiothoracic surgical training: Where do we stand?   
*K. Trehan, C. D. Kemp, and S. C. Yang*

### General Thoracic Surgery (GTS)

- 25** One-year follow-up period after transumbilical thoracic sympathectomy for hyperhidrosis: Outcomes and consequences  
*L-H. Zhu, Q. Du, L. Chen, S. Yang, Y. Tu, S. Chen, and W. Chen*

- 30** Minimal-dose computed tomography is superior to chest x-ray for the follow-up and treatment of patients with resected lung cancer  
*W. C. Hanna, N. S. Paul, G. E. Darling, H. Moshonov, F. Allison, T. K. Waddell, M. Cypel, M. E. de Perrot, K. Yasufuku, S. Keshavjee, and A. F. Pierre*

- 36** Neoadjuvant chemoradiotherapy for locally advanced thymic tumors: A phase II, multi-institutional clinical trial   
*R. J. Korst, A. Bezjak, S. Blackmon, N. Choi, P. Fidias, G. Liu, A. Marx, C. Wright, S. Mock, J. R. Rutledge, and S. Keshavjee*




- 47** Invasive mechanical ventilation in patients with fibrosing interstitial pneumonia  
*S. Gaudry, F. Vincent, A. Rabbat, H. Nunes, B. Crestani, J. M. Naccache, M. Wolff, G. Thabut, D. Valeyre, Y. Cohen, and H. Mal*

- 54** Tumor invasiveness as defined by the newly proposed IASLC/ATS/ERS classification has prognostic significance for pathologic stage IA lung adenocarcinoma and can be predicted by radiologic parameters  
*M. Takahashi, Y. Shigematsu, M. Ohta, H. Tokumasu, T. Matsukura, and T. Hirai*

### Acquired Cardiovascular Disease (ACD)

- 60** Unilateral versus bilateral antegrade cerebral protection during circulatory arrest in aortic surgery: A meta-analysis of 5100 patients  
*E. Angeloni, U. Benedetto, J. J. M. Takkenberg, I. Stigliano, A. Roscitano, G. Melina, and R. Sinatra*
- 68** A prospective study of growth and rupture risk of small-to-moderate size ascending aortic aneurysms  
*S. Geisbüsch, A. Stefanovic, D. Schray, I. Oyfe, H-M. Lin, G. Di Luozzo, and R. B. Griep*
- 75** Arterial grafts balance survival between incomplete and complete revascularization: A series of 1000 consecutive coronary artery bypass graft patients with 98% arterial grafts  
*T. M. Kieser, H. J. Curran, M. S. Rose, C. M. Norris, and M. M. Graham*

(continued on page 6A)

- 85 The Ross procedure: Outcomes at 20 years**  
*T. E. David, C. David, A. Woo, and C. Manliot*
- 95 Off-pump transapical implantation of artificial chordae to correct mitral regurgitation: Early results of a single-center experience**  
*K. Rucinskas, V. Janusauskas, D. Zakarkaite, S. Aidietiene, R. Samalavicius, G. Speziali, and A. Aidietis*
- 100 Expanding relevance of aortic valve repair—is earlier operation indicated?**  
*V. Sharma, R. M. Suri, J. A. Dearani, H. M. Burkhart, S. J. Park, L. D. Joyce, Z. Li, and H. V. Schaff*
- 109 Understanding variability in hospital-specific costs of coronary artery bypass grafting represents an opportunity for standardizing care and improving resource use**  
*A. Kilic, A. S. Shah, J. V. Conte, K. Mandal, W. A. Baumgartner, D. E. Cameron, and G. J. R. Whitman*
- 117 Mechanical versus bioprosthetic mitral valve replacement in patients <65 years old**  
*T. Kaneko, S. Aranki, Q. Javed, S. McGurk, P. Shekar, M. Davidson, and L. Cohn*
- 127 Outcomes of surgical aortic valve replacement in moderate risk patients: Implications for determination of equipoise in the transcatheter era**  
*S. A. Iturra, R. M. Suri, K. L. Greason, J. M. Stulak, H. M. Burkhart, J. A. Dearani, and H. V. Schaff*
- 133 The second best arterial graft: A propensity analysis of the radial artery versus the free right internal thoracic artery to bypass the circumflex coronary artery**  
*R. F. Tranbaugh, K. R. Dimitrova, D. J. Lucido, D. M. Hoffman, G. R. Dincheva, C. M. Geller, S. K. Balaram, W. Ko, and D. G. Swistel*
- 143 Parameters for successful nonoperative management of traumatic aortic injury**  
*J. Rabin, J. DuBose, C. W. Sliker, J. V. O'Connor, T. M. Scalea, and B. P. Griffith*
- 151 Repair of retrograde ascending dissection after descending stent grafting**  
*J. Idrees, A. Arafat, D. R. Johnston, L. G. Svensson, and E. E. Roselli*
- 155 Reoperative aortic valve replacement in the octogenarians—minimally invasive technique in the era of transcatheter valve replacement**  
*T. Kaneko, D. Loberman, I. Gosev, F. Rassam, S. McGurk, M. Leacche, and L. Cohn*
- 163 Preoperative percutaneous coronary intervention in patients undergoing open thoracoabdominal and descending thoracic aneurysm repair**  
*L. N. Girardi, Y. Rabotnikov, and D. V. Avgerinos*
- 169 Incidence and progression of mild aortic regurgitation after Tirone David reimplantation valve-sparing aortic root replacement**   
*E. H. Stephens, D. H. Liang, J.-P. E. Kvitting, F. A. Kari, M. P. Fischbein, R. S. Mitchell, and D. C. Miller*
- 179 Early clinical and angiographic outcomes after robotic-assisted coronary artery bypass surgery**  
*M. E. Halkos, H. A. Liberman, C. Devireddy, P. Walker, A. V. Finn, W. Jaber, R. A. Guyton, and J. D. Puskas*
- 186 Frailty and risk in proximal aortic surgery**   
*A. M. Ganapathi, B. R. Englum, J. M. Hanna, M. A. Schechter, J. G. Gaca, L. M. Hurwitz, and G. C. Hughes*
- 192 Implantable physiologic controller for left ventricular assist devices with telemetry capability**  
*S. S. Asgari and P. Bonde*
- 203 Results of the minimally invasive coronary artery bypass grafting angiographic patency study**   
*M. Ruel, M. A. Shariff, H. Lapierre, N. Goyal, C. Dennie, S. M. Sadel, B. Sohmer, and J. T. McGinn, Jr*
- 210 Pushing the limits—further evolutions of transcatheter valve procedures in the mitral position, including valve-in-valve, valve-in-ring, and valve-in-native-ring**  
*M. Wilbring, K. Alexiou, S. M. Tugtekin, S. Arzt, K. Ibrahim, K. Matschke, and U. Kappert*
- 220 Endovascular coil embolization of segmental arteries prevents paraplegia after subsequent thoracoabdominal aneurysm repair: An experimental model**  
*S. Geisbüsch, A. Stefanovic, J. S. Koruth, H.-M. Lin, S. Morgello, D. J. Weisz, R. B. Griep, and G. Di Luozzo*


(continued on page 8A)

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- 228 Three hundred robotic-assisted mitral valve repairs: The Cedars-Sinai experience**  
*D. Ramzy, A. Trento, W. Cheng, M. A. De Robertis, J. Mirocha, A. Ruzza, and R. M. Kass*
- 236 Should surgical ablation for atrial fibrillation be performed in patients with a significantly enlarged left atrium?**  
*N. Ad, L. Henry, S. Hunt, and S. D. Holmes*
- 242 Complete thoracoscopic ablation of the left atrium via the left chest for treatment of lone atrial fibrillation**  
*J. Mei, N. Ma, F. Ding, Y. Chen, Z. Jiang, F. Hu, and H. Xiao*
- 247 Echocardiographic evaluation of mitral durability following valve repair in rheumatic mitral valve disease: Impact of Maze procedure**  
*G. S. Kim, C. H. Lee, J. B. Kim, S-H. Jung, S. J. Choo, C. H. Chung, and J. W. Lee*
- 254 Impact of antimicrobial therapy on prognosis of patients requiring valve surgery during active infective endocarditis**  
*G. Fayad, A. Vincentelli, G. Leroy, P. Devos, G. Amr, A. Prat, M. Koussa, and O. Leroy*
- 259 Clinical validation of coronary artery flow through an intracoronary shunt during off-pump coronary artery bypass grafting**  
*Y. Takami, K. Tajima, W. Kato, K. Fujii, M. Hibino, H. Munakata, and Y. Sakai*
- 264 Long-term follow-up after aortic valve replacement with Edwards Prima Plus stentless bioprostheses in patients younger than 60 years of age**  
*T. Christ, H. Grubitzsch, B. Claus, and W. Konertz*
- 270 Long-term patient and allograft outcomes of renal transplant recipients undergoing cardiac surgery**  
*R. V. Rocha, D. Zaldonis, V. Badhwar, L. M. Wei, J. K. Bhamra, R. Shapiro, and C. A. Bermudez*
- 276 Long-term prognosis of ascending aortic aneurysm after aortic valve replacement for bicuspid versus tricuspid aortic valve stenosis**  
*E. Girdauskas, K. Disha, M. A. Borger, and T. Kuntze*
- 283 Outcomes of extracorporeal life support for low cardiac output syndrome after major cardiac surgery**  
*S. J. Park, J. B. Kim, S-H. Jung, S. J. Choo, C. H. Chung, and J. W. Lee*
- 290 Outcomes of contemporary emergency open surgery for type A acute aortic dissection in elderly patients**  
*A. Matsushita, M. Tabata, T. Fukui, Y. Sato, S. Matsuyama, T. Shimokawa, and S. Takanashi*
- 295 Systemic effects of carbon dioxide insufflation technique for de-airing in left-sided cardiac surgery**  
*M. Landenhed, F. Al-Rashidi, S. Blomquist, P. Höglund, L. Pierre, and B. Koul*
- 301 A total of 404 cases of aortic valve reconstruction with glutaraldehyde-treated autologous pericardium**  
*S. Ozaki, I. Kawase, H. Yamashita, S. Uchida, Y. Nozawa, M. Takatoh, and S. Hagiwara*
- 307 Optimal treatment strategy for type A acute aortic dissection with intramural hematoma**  
*M. Hata, H. Hata, A. Sezai, I. Yoshitake, S. Wakui, and M. Shiono*
- 312 Assessment of functional tricuspid regurgitation using 320-detector-row multislice computed tomography: Risk factor analysis for recurrent regurgitation after tricuspid annuloplasty**  
*M. Kabasawa, H. Kohno, T. Ishizaka, K. Ishida, N. Funabashi, A. Kataoka, and G. Matsumiya*
- 321 Simple interrupted suturing increases valve performance after aortic valve replacement with a small supra-annular bioprosthesis**  
*M. Tabata, K. Shibayama, H. Watanabe, Y. Sato, T. Fukui, and S. Takanashi*
- 326 Prognostic value of sustained elevated C-reactive protein levels in patients with acute aortic intramural hematoma**  
*T. Kitai, S. Kaji, K. Kim, N. Ehara, T. Tani, M. Kinoshita, and Y. Furukawa*
- 332 Thoracic aortic surgery: An overview of 40 years clinical practice**  
*J. A. Bekkers, R. J. L. M. te Riele, J. J. M. Takkenberg, G. Bol Raap, J. Hofland, J. W. Roos-Hesselink, and A. J. J. C. Bogers*
- 344 Durability of central aortic valve closure in patients with continuous flow left ventricular assist devices**  
*S. H. McKellar, S. Deo, R. C. Daly, L. A. Durham III, L. D. Joyce, J. M. Stulak, and S. J. Park*

(continued on page 10A)

- 349 Outcomes of surgery in the treatment of isolated nonnative mitral valve infective endocarditis**  
K. L. Greason, M. Thomas, J. M. Steckelberg, R. C. Daly, H. V. Schaff, Z. Li, and J. A. Dearani

- 355 Should less-invasive aortic valve replacement be avoided in patients with pulmonary dysfunction?**   
T. B. Albacker, E. H. Blackstone, S. J. Williams, A. M. Gillinov, J. L. Navia, E. E. Roselli, S. Keshavamurthy, G. B. Pettersson, T. Mihaljevic, D. R. Johnston, J. F. Sabik III, B. W. Lytle, and L. G. Svensson


- 362 Ventricular hypertrophy and left atrial dilatation persist and are associated with reduced survival after valve replacement for aortic stenosis**   
J. M. Beach, T. Mihaljevic, J. Rajeswaran, T. Marwick, S. T. Edwards, E. R. Nowicki, J. Thomas, L. G. Svensson, B. Griffin, A. M. Gillinov, and E. H. Blackstone

- 370 Early single-center experience in sutureless aortic valve implantation in 120 patients**  
H. C. Eichstaedt, J. Easo, T. Härle, and O. E. Dapunt

- 376 Interference of propofol with signal transducer and activator of transcription 5 activation and cardioprotection by remote ischemic preconditioning during coronary artery bypass grafting**  
E. Kottenberg, J. Musiolik, M. Thielmann, H. Jakob, J. Peters, and G. Heusch

## Congenital Heart Disease (CHD)

- 383 The Ross procedure in patients aged less than 18 years: The midterm results**  
G. Brancaccio, A. Polito, S. Hoxha, F. Gandolfo, S. Giannico, A. Amodeo, and A. Carotti

- 389 Technical Performance Scores are strongly associated with early mortality, postoperative adverse events, and intensive care unit length of stay—analysis of consecutive discharges for 2 years**   
M. Nathan, J. Karamichalis, H. Liu, K. Gauvreau, S. Colan, M. Saia, F. Pigula, F. Fynn-Thompson, S. Emami, C. Baird, J. E. Mayer, and P. J. del Nido

- 397 Modified Blalock-Taussig shunt versus ductal stenting for palliation of cardiac lesions with inadequate pulmonary blood flow**  
D. M. McMullan, L. C. Permut, T. K. Jones, T. A. Johnston, and A. E. Rubio

- 404 Left thoracoscopic sympathectomy for cardiac denervation in patients with life-threatening ventricular arrhythmias**  
S. C. Hofferberth, F. Cecchin, D. Loberman, and F. Fynn-Thompson

- 412 Management of tricuspid regurgitation in congenital heart disease: Is survival better with valve repair?**  
S. M. Said, J. A. Dearani, H. M. Burkhart, H. M. Connolly, B. Eidem, P. E. Stensrud, and H. V. Schaff

- 420 Paracorporeal lung assist devices as a bridge to recovery or lung transplantation in neonates and young children**  
D. M. Hoganson, A. Z. Gazit, U. S. Boston, S. C. Sweet, R. M. Grady, C. B. Huddleston, and P. Eghtesady

- 428 A composite outcome for neonatal cardiac surgery research**  
R. J. Butts, M. A. Scheurer, S. C. Zyblewski, A. E. Wahlquist, P. J. Nietert, S. M. Bradley, A. M. Atz, and E. M. Graham


- 434 Residual lesions in postoperative pediatric cardiac surgery patients receiving extracorporeal membrane oxygenation support**  
H. S. Agarwal, D. C. Hardison, B. R. Saville, B. S. Donahue, F. S. Lamb, D. P. Bichell, and Z. L. Harris

- 442 The effect of preoperative nutritional status on postoperative outcomes in children undergoing surgery for congenital heart defects in San Francisco (UCSF) and Guatemala City (UNICAR)**

M. Radman, R. Mack, J. Barnoya, A. Castañeda, M. Rosales, A. Azakie, N. Mehta, R. Keller, S. Datar, P. Oishi, and J. Fineman

- 451 Long-term follow-up evaluation of renal function in patients treated with peritoneal dialysis after cardiac surgery for correction of congenital anomalies**  
E. Mel, M. Davidovits, and O. Dagan

## Cardiothoracic Transplantation (TX)

- 456 Combined heart-kidney transplant improves post-transplant survival compared with isolated heart transplant in recipients with reduced glomerular filtration rate: Analysis of 593 combined heart-kidney transplants from the United Network Organ Sharing Database**   
T. Karamlou, K. F. Welke, D. M. McMullan, G. A. Cohen, J. Gelow, F. A. Tibayan, J. M. Mudd, M. S. Slater, and H. K. Song

(continued on page 12A)

- 462 Risk factors for mortality or delisting of patients from the pediatric heart transplant waiting list**  
*A. Jeewa, C. Manlihot, P. F. Kantor, S. Mital, B. W. McCrindle, and A. I. Dipchand*

### Perioperative Management (PM)

- 469 Analgesia in patients undergoing thoracotomy: Epidural versus paravertebral technique. A randomized, double-blind, prospective study**  
*F. Raveglia, A. Rizzi, A. Leporati, P. Di Mauro, U. Cioffi, and A. Baisi*
- 475 Dexamethasone levels predict cortisol response after infant cardiopulmonary bypass**  
*S. S. Crow, W. C. Oliver, Jr, J. A. Kiefer, M. R. Snyder, J. A. Dearani, Z. Li, and H. M. Burkhart*
- 483 Duration and magnitude of blood pressure below cerebral autoregulation threshold during cardiopulmonary bypass is associated with major morbidity and operative mortality**  
*M. Ono, K. Brady, R. B. Easley, C. Brown, M. Kraut, R. F. Gottesman, and C. W. Hogue, Jr*
- 490 The influence of preoperative weight loss on the postoperative course after esophageal cancer resection**  
*M. K. van der Schaaf, H. W. Tilanus, J. J. B. van Lanschot, A. M. Johar, P. Lagergren, J. Lagergren, and B. P. L. Wijnhoven*

### Evolving Technology/Basic Science (ET/BS)

- 496 Minimally invasive papillary muscle sling placement during mitral valve repair in patients with functional mitral regurgitation**  
*O. Santana, N. V. Solenkova, A. M. Pineda, C. G. Mihos, and J. Lamelas*
- 500 Dexmedetomidine, an  $\alpha$ -2a adrenergic agonist, promotes ischemic tolerance in a murine model of spinal cord ischemia-reperfusion**  
*M. T. Bell, F. Puskas, D. T. Bennett, P. S. Herson, N. Quillinan, D. A. Fullerton, and T. B. Reece*
- 508 Targeting of the Hedgehog signal transduction pathway suppresses survival of malignant pleural mesothelioma cells in vitro**  
*M. You, J. Varona-Santos, S. Singh, D. J. Robbins, N. Savaraj, and D. M. Nguyen*

- 517 Vascularity of human atrioventricular valves: A myth or fact?**  
*N. Saini, U. N. Saikia, D. Sahni, and R. S. Singh*

### Cardiothoracic Imaging

- 522 A case of subaortic stenosis**  
*G. Abehsira, T. Waldmann, and P. Estagnasié*
- 524 Simultaneous relief of acute visceral and limb ischemia in complicated type B aortic dissection by axillobifemoral bypass**  
*K. H. Kim, J. B. Choi, and J. H. Kuh*

### Surgical Techniques

- 526 Transaortic repair for the moderate functional mitral regurgitation**  
*N. Ma, H. Liu, F. Ding, and J. Mei*
- 527 An alternative technique for surgical repair of pulmonary dissection**  
*G. Montesi, S. Caciolli, M. Acquafresca, and S. Gelsomino*
- 530 A simplified technique for pulmonary autograft stabilization with the Valsalva prosthesis**  
*J. Price, S. Tamer, L. de Kerchove, and G. El Khoury*
- 532 Two-stage hybrid repair for a Kommerell diverticulum in a right-sided aortic arch associated with multivessel coronary disease and atrial septal defect**  
*H. Kawajiri, K. Oka, K. Kanda, and H. Yaku*
- 534 Ross operation after failed valve-sparing reimplantation: Pulmonary autograft inclusion into the previously implanted Valsalva graft**  
*S. Tamer, L. de Kerchove, N. C. Manzano, and G. Elkhoury*

### Brief Research Report

- 537 Right ventricular local longitudinal curvature as a marker and predictor for pulmonary valve replacement surgery outcome: An initial study based on preoperative and postoperative cardiac magnetic resonance data from patients with repaired tetralogy of Fallot**  
*D. Tang, C. Yang, T. Geva, and P. J. del Nido*

(continued on page 14A)



## Online Only: Case Reports


- e1** Sequela-free long-term survival of a 65-year-old woman after 8 hours and 40 minutes of cardiac arrest from deep accidental hypothermia  
*M. Meyer, N. Pelurson, E. Khabiri, N. Siegenthaler, and B. H. Walpoth*
- e3** Transient right ventricular dysfunction caused by retractor during lower hemisternotomy mitral valve repair in a patient with pectus excavatum  
*H. Okamura, J. Parmet, and R. S. Farivar*
- e5** Delayed esophageal diverticulum formation after stent-based treatment of perforation  
*M. R. Kunkala and C. Deschamps*
- e8** Acute inferior wall myocardial infarction secondary to ruptured sinus of Valsalva aneurysm in a 22-year-old man  
*H-P. Sun, X. Ma, X. Bai, K. Ujit, and Y-T. Ma*
- e10** Early structural valve deterioration of the Trifecta aortic valve biological prosthesis: A word of caution  
*P. Saxena, K. L. Greason, and H. V. Schaff*


- 539** Letters to the Editor
- 544** Notices of Correction
- 545** Announcements
- 35A** Reader Services

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## Cover Photographs

*Left: From Current Era Minimally Invasive Aortic Valve Replacement: Techniques and Practice.* J incision into the right fourth (black) or third (blue) intercostal space.

*Center: From Management of Tricuspid Regurgitation in Congenital Heart Disease: Is Survival Better With Valve Repair?* In the presence of pacemaker or cardioverter defibrillator leads, repair techniques vary and depend on the degree of damage of leaflets. In the absence of extensive leaflet damage, valve repair is preferred. It usually involves removing (incising) the lead away from the damaged leaflet, and suture repair of the leaflet defect if present and reposi-

tioning the lead by suture fixation against the annulus. Most often suture fixation is in the recess of either the inferoseptal or anteroinferior commissure. Finally, ringed annuloplasty is performed. Reprinted with permission from Said SM, Burkhart HM, Dearani JA. Surgical management of congenital (non-Ebstein) tricuspid valve regurgitation. *Semin Thorac Cardiovasc Surg Pediatr Card Surg Annu.* 2012;15:46-60.

*Right: From Transaortic Repair for the Moderate Functional Mitral Regurgitation.* Suture annuloplasty through a transaortic approach.